## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: INFINITE ABILITY INC (0010022)

Address: W9188 REHDANTZ RD, PORTAGE, WI 53901

**License Status: REGULAR** 

Licensed/Certified/Registered 06/02/2003

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History** 

Compliance

Verified

Corrected

Survey ID: 0096188 End Date: 01/12/2006 Type: STANDARD Purpose: SURVEY

**Results: STATEMENT OF DEFICIENCY ISSUED** 

Statement of Deficiency: #10008315 Served 01/20/2006

Deficiencies Cited Subject Area

88.05(3)(d) ANNUAL WELL WATER INSPECTIONS

Survey ID: 0091819 End Date: 01/09/2004 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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